

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH10294  
State File No. 2665  
Registrar's No.

BIRTH NO. <u>6</u>		REG. DIST. NO.		PRIMARY REG. DIST. NO. <u>1003</u>		7	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
c. LENGTH OF STAY (in this place) <u>Life</u>				d. STREET ADDRESS (If rural, give location) <u>5 - 5962 DeGiverville Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>5962 DeGiverville Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>5 - 5962 DeGiverville Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles A. Conners</u>				4. DATE OF DEATH <u>March 19, 1950</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>May 2, 1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>10</u>		11. DAYS <u>17</u>		12. HOURS <u>17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Sheriff</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Charles Conners</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Jones</u>			
14. NAME OF HUSBAND OR WIFE <u>Mrs. Louise Conners</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise Conners</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Colitis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify)			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>			
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21e. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>July</u> 19 <u>49</u> , to <u>March 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>March 18</u> , 19 <u>50</u> , and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. Conners</u> (Degree or title)				23b. ADDRESS <u>539 No. Grand Blvd.</u>			
23c. DATE SIGNED <u>3/20/50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Mar. 22, 1950</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				DATE REC'D BY LOCAL REG. <u>MAR 20 1950</u>			
REGISTRAR'S SIGNATURE <u>J. B. Rasmussen</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Donnelly</u>			
ADDRESS <u>3840 Lindell Blvd.</u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Thomas R. Fenwick*

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo  
County of St. Louis } ss.

State File No. 10294  
Local Registrar's No. 2665

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of March, 1950, before me appears  
MRS. LOUISE CONNERS, who, upon her oath, states that the original record of birth  
for CHARLES A. CONNERS died MARCH 19, 1950, in the State of  
Missouri, and which was filed at ST. LOUIS, MO on Nov. 21, 1950, should be corrected as follows:

Item No. 9 Age should read 75 years of age

Instead of 74 years

Item No. 8 should read May 2, 1874

Instead of July 2, 1875

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Louise Connors Wife  
Relationship.

5962 De Giverville Ave  
Present Address.

Subscribed and sworn to before me this 30th day of MARCH, 1950.

My Commission expires Nov 11th 1950 John E. Corrigan Notary Public.